

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-8526
www.dpor.virginia.gov



Real Estate Board

SUPERVISING BROKER CERTIFICATION FORM
No Fee Required

THIS FORM MUST BE COMPLETED BY A SUPERVISING BROKER WHO IS LOCATED MORE THAN 50 MILES FROM THE BRANCH OFFICE AND THERE ARE LICENSEES WHO REGULARLY CONDUCT BUSINESS ASSIGNED TO THE BRANCH OFFICE.

1. Supervising Broker _____
First Middle Last Generation
(SR, JR, III)
2. Supervising Broker's (10-digit) Virginia Real Estate License Number 0225-_____
3. Firm Name _____
4. Firm's (10-digit) Virginia Real Estate License Number 0226-_____
5. Branch Office (10-digit) Virginia Real Estate License Number 0226-_____
6. Branch Office Street Address _____
City, State, Zip Code _____
7. Telephone Number () _____
Telephone

I, the undersigned, certify that I have complied with and am in compliance with the requirements of the Board's regulation 18 VAC 135-20-160.D.

Signature _____

Date _____

THIS FORM IS REQUIRED TO BE MAINTAINED BY THE SUPERVISING BROKER AT THE BRANCH OFFICE FOR THREE YEARS. DO NOT SEND THIS FORM TO THE REAL ESTATE BOARD.